



Healthy Child Care Newsletter



Summer ★ Missouri Dept. of Health and Senior Services ★ www.health.mo.gov ★ Volume 14 Number 2

Missouri Passes New Rules in Child Care Facilities

To provide a safer environment for children in care, Missouri passed new rules for child care facilities. The new rules pertain to safe sleep position for infants and first aid and CPR training. At this time, there are two other rule amendments being proposed. These amendments propose changes to TB requirements and Disaster and Emergency Preparedness requirements. This edition of the Healthy Child Care Newsletter provides information on the new and proposed rule amendments.

Order of Rulemaking – Safe Sleep Position for Infants

In 1991, when the current rules were written, it was not known that placing infants on their backs to sleep reduces the likelihood of Sudden Infant Death Syndrome (SIDS). *Caring for Our Children, National Health and Safety Standards: Guidelines for Out-of Home Child Care Programs*, published by the American Academy of Pediatrics, recommends placing infants in the supine (on the back) position for sleeping to lower the risk of SIDS. In 2009, Missouri was one of the remaining eleven states that did not require placing infants on their back to sleep.

In an effort to protect infants from SIDS, the Section for Child Care Regulation has amended the following child care rules:

19 CSR 30-62.182 Child Care Program (Group Homes and Centers)

and

19 CSR 30-61.175 Child Care Program (Family Child Care Homes)

Beginning July 30, this rule will be effective. All children under the age of twelve (12) months of age must be placed on their backs to sleep, and their heads are to remain uncovered during sleep.

19 CSR 30-61.175(2)(C)3 and 19 CSR 30-62.182(2)(C)3 Child Care Program will say:

(2)Daily Activities for Children.

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(C) Daily activities for infants and toddlers shall include:

3. A supervised nap period **that meets the child's individual needs. Unless a written exception from a child's physician is on file at the facility, a child under twelve (12) months of age shall be placed on his or her back to sleep. An infant's head shall remain uncovered during sleep.** After awakening, an infant may remain in the crib as long as s/he is content, but never for periods longer than thirty (30) minutes. Toddlers shall be taken out of bed for other activities when they awaken;

Order of Rulemaking – Age Appropriate First Aid and CPR Training

Most child care settings provide safe environments for young children. Each year, however, thousands of children in child care settings are injured seriously enough to need treatment in a hospital emergency room. Tragically, some of these children die from their injuries. Currently all of the states that border Missouri require first aid training for staff who work in child care settings. These states (except Kansas) also require CPR training for child care staff.

In an effort to provide greater safety for children in child care, the Section for Child Care Regulation has amended the following child care rules.

19 CSR 30-61.105 The Day Care Provider and Other Day Care Personnel is amended.

and

19 CSR 30-62.102 Personnel is amended.

These amendments add the requirement that at least one staff member be on site with CPR and first aid training. This will help assure that child care providers are adequately trained to handle medical emergencies with the children they care for. First Aid/CPR training may count toward annual clock hour training requirements.

CPR training may be obtained from the American Red Cross, the American Heart Association, or any other entity approved by the department. Clock hours will be granted for these trainings. Beginning January 1, 2012 The Section for Child Care Regulation will review staff records to determine compliance with this new requirement.

The rule amendments for **Group Home and Child Care Centers** are:

19 CSR 30-62.102 Personnel The department is adding a new subsection (1)(0).

(1)General Staff Requirements.

(O) The licensee shall have documentation on file at the facility of current certification in age-appropriate first aid and cardiopulmonary resuscitation (CPR) training for a sufficient number of child care staff to ensure that there is one (1) caregiver at the facility for every twenty (20) children in the licensed capacity. At least one caregiver with current certification in age appropriate first aid and CPR must be on site at all times when children are present. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association or an equivalent certification and approved by the Department. First Aid/CPR training may count

toward the annual clock hour training requirement.

The rule amendments for **Family Child Care Homes** are:

19 CSR 30-61.105 The Day Care Provider and Other Day Care Personnel. The department is adding a new subsection (1)(N).

PURPOSE: This amendment adds the requirement that child care providers in family child care homes have current first aid and CPR training

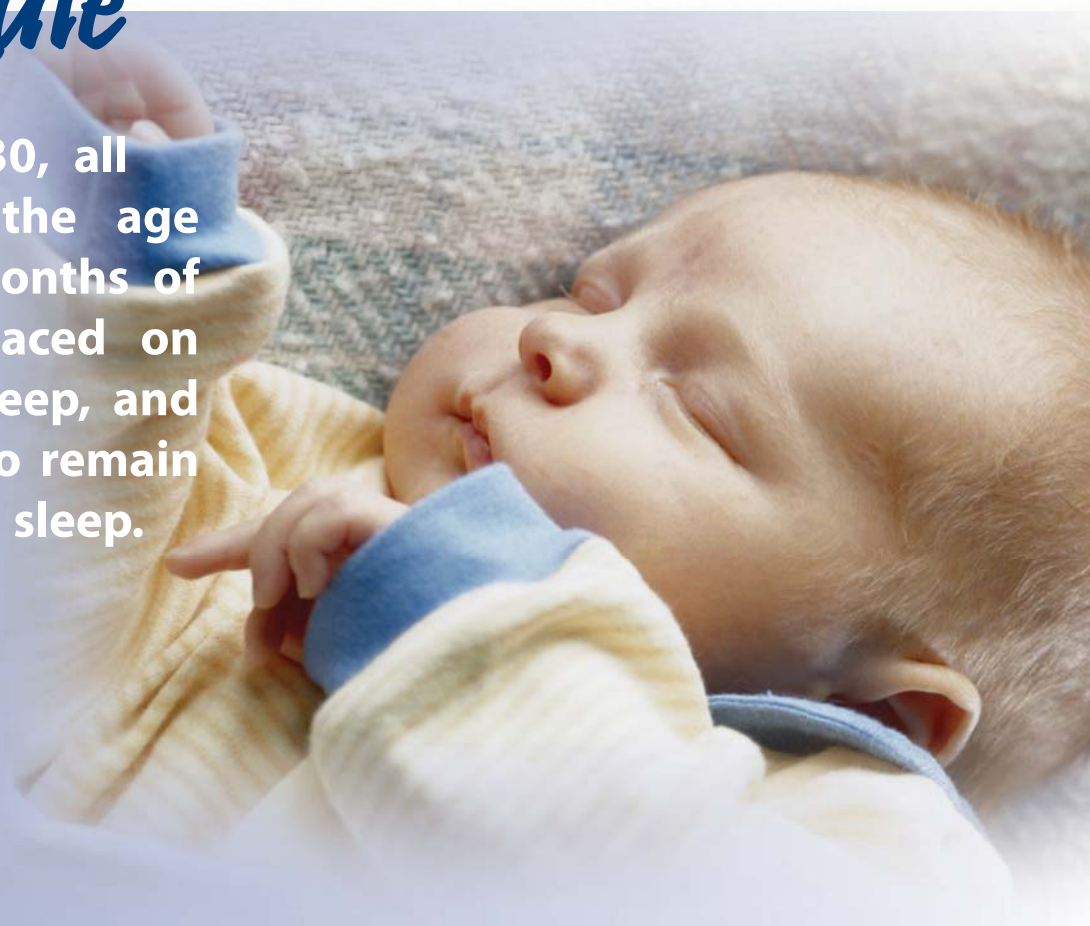
(1)General Requirements.

(N) The provider shall have documentation on file at the home of current certification in age-appropriate first aid and cardiopulmonary resuscitation (CPR) training. The training shall be certified by a nationally recognized organization, such as the American Red Cross, American Heart Association or an equivalent certification approved by the Department. At least one caregiver with current certification in age appropriate first aid and CPR must be on site at all times when children are present. First Aid/CPR training may count toward the annual clock hour training requirement.

The American Red Cross and the American Heart Association provide age-appropriate First Aid and CPR training. The website for American Red Cross is www.redcross.org/en/takeaclass and the American Heart Association's website is www.heart.org/HEARTORG/CPRAndECC/CPR_UCM_001118_SubHomePage.jsp.

New Rule

Beginning July 30, all children under the age of twelve (12) months of age must be placed on their backs to sleep, and their heads are to remain uncovered during sleep.



New Proposed Rules for Child Care Facilities

At this time, there are two other rules being proposed. These rules would change TB requirements and Disaster and Emergency Preparedness requirements.

They appear in the June 1, 2011 edition of the Missouri Register, which can be viewed at www.sos.mo.gov/adrules/moreg/moreg.asp.

Proposed Rules

19 CSR 30-61.090 Disaster and Emergency Preparedness

19 CSR 30-62.090 Disaster and Emergency Preparedness

Current child care rules have not been revised since 1991. These rules were written prior to the 9/11 events and Hurricane Katrina. According to the National Association Child Care Resource and Referral Association, (NACCRRA) 11 million children under the age of 5 are in some kind of child care setting every week. It is critical that child care providers, parents of children in child care, and emergency planners at all levels, work together to ensure that child care settings are prepared in the event of a disaster.

The Department of Health and Senior Services takes seriously its role in statewide emergencies. Current rules for centers, group homes and family child care homes require facilities to conduct monthly fire drills and quarterly disaster drills. The proposed rules will clarify the types of disaster drills, such as a possible lock down, flood, chemical spill, exposure to carbon monoxide, power failure, a kidnapping, or missing child, for which child care facilities need to prepare.

The proposed rules will also require that child care facilities have a written emergency plan. The Section for Child Care Regulation will provide free training this summer to help child care providers develop this written plan. For details, see page 6 of this newsletter.

Clock Hours of Training Available to Learn more about Safe Sleep Practices

Written by Lori Behrens, Executive Director, SIDS Resources Inc.

The new rule mandating back sleeping in child care settings is of critical importance in the fight to keep babies safe and alive while away from home! SIDS Resources has been educating the public about how to reduce the risk for infant death since 1995, including helping others understand how important it is to implement safe sleep strategies for all infants and in all settings; so as to prevent accidental suffocation deaths as well as SIDS.

Because the incidence of sudden infant death is disproportionately high in child care settings, SIDS Resources offers free trainings to any interested group of child care providers or child care centers. During these presentations, statistics are revealed which lend credence to the need for safe sleep implementation; what the recommendations are for products which claim to prevent SIDS, how to talk to parents about safe sleep, etc. For example, babies who are placed on their tummies or who roll to the prone position for the 1st, 2nd, or 3rd time are 18 times more likely to succumb to sudden infant death. For more information about safe sleep or to schedule a presentation, please call 800-421-3511.

The proposed rules were published in the Missouri Register June 1st for public comment at www.sos.mo.gov/adrules/moreg/moreg.asp.

You Won't Need a Pound of Cure with Just an Ounce of Prevention

Written by Brian Quinn, CERT

American founding father Benjamin Franklin famously said that “an ounce of prevention is worth a pound of cure.” This small bit of big wisdom has stood the test of time and is as relevant today as it was more than 200 years ago. And nowhere is this more true than in the area of emergency or disaster preparedness. In fact, this old saying could easily be adopted as the modern motto for anyone involved in helping others plan and prepare for emergencies.

The mission of the Missouri Department of Health and Senior Services is to protect the health and well being of all Missourians; emergency preparedness and response are two of the many important aspects of that mission. On the preparedness side, we encourage and help people make plans and preparations for emergencies, while on the response side we take action when disaster strikes to help protect people from public health hazards an emergency can create.

Consequently, our emergency response experiences have proved that Franklin’s seemingly antique wisdom is still fresh and holds as true as if it were said just yesterday. We have witnessed first-hand that the people and communities who have survived and recovered from disasters most successfully have heeded Franklin’s wisdom and have taken a few “ounces of prevention,” thus saving many “pounds of cure.” In other words, they made it through those emergencies because they wisely had already made emergency plans, gathered the survival supplies they would need and then put them into action when necessary.

FREE Emergency Preparedness Training

FREE Emergency Preparedness Training is being offered in June and July

The Section for Child Care Regulation will be providing training for licensed and license exempt providers on emergency preparedness June through August 31. Priority for space in these classes will be given to directors and family home providers. This training will provide participants with basic information on emergency planning and risk assessment. The training will also provide participants with an emergency planning template that can be used to create an emergency response plan for their facility. Participants will receive 3 hours of child-care related clock hour training for attending this training and completing the emergency template.

Information about upcoming trainings in your area will be available on the *Child Care Aware* training calendar. This calendar can be viewed by going to www.mo.childcareaware.org. You can also contact your child care facility specialist or your district office for more information and enrollment. See page 6 of this newsletter for a flyer regarding the trainings.

Are You Prepared?

Emergency Preparedness Training

The Section for Child Care Regulation is bringing a helpful, resource-filled training on this important topic to a location near you. In this training, you will learn:

- ❖ The Importance of Emergency Preparedness
- ❖ Some of the types of emergencies for which you need to be prepared
- ❖ Step-by-Step Instructions to create a plan
- ❖ Resources to help you in case of emergency
- ❖ Innovative tools to use in case of emergency

Training Locations:

- ❖ Atchison County—Saturday, September 24, 10:00 a.m. Atchison County Head Start Center
- ❖ Cape Girardeau district—TBA
- ❖ Columbia—Saturday, July 16, Boone Electric COOP
- ❖ Harrison County—Thursday, July 14, 6:00 p.m., Harrison County Health Department
- ❖ Kirksville—Saturday, July 30, 9:00 a.m., Adair County Health Department
- ❖ Maryville—Saturday, August 6, 10:00 a.m., Community Services Inc.
- ❖ Moberly—Saturday, July 9, Allendale Center
- ❖ Rolla—Saturday, July 16, 9:30 a.m., Salem Avenue Baptist Church
- ❖ Sedalia—Saturday, July 23, 9:30 a.m., State Fair Community College - Thompson Convention Center
- ❖ Springfield—Saturday, July 16, 9:00 a.m. to noon, Midtown Carnegie Library
- ❖ St. Louis district—TBA
- ❖ Warrensburg—Saturday, July 16, 10:00 a.m., Warrensburg Community Center
- ❖ Webb City—Saturday, July 16, Webb City Public Library

For Information and Reservations

Contact your child care facility specialist or your Section for Child Care Regulation District Office. A directory of child care district offices is located at health.mo.gov/safety/childcare/offices.php.

This training is specifically targeted to child care center owners, directors, and family home providers. Other staff members will be enrolled as space permits.

Tornado Recovery in Joplin

Thirteen childcare facilities destroyed

Early reports on Monday, May 23, 2011, of the destructive tornado that struck Joplin, MO on Sunday, May 22, 2011, were met with shock and disbelief by Missourians. Later reports stunned our entire nation with photographs of the destruction of one quarter of the city of Joplin and the death and injury to our neighbors.

Thirteen childcare facilities were destroyed;

Creative Kids Academy, Lisa Dunn, Kids Korner, Kids N Company, Debbie Mahaffey, Mother Goose, Rosemary Newton, Stepping Stones Discovery, The Learning Tree, Wee Tots LLC, 2, Irving YMCA, Duquesne YMCA and Irving After School.



The aftermath of an EF5 Tornado that ripped through Joplin. Photo courtesy of Susan Tonarely, Missouri Department of Health and Senior Services.

Additional childcare facilities sustained damage. Spotty or non-existent telephone service has made it extremely difficult to determine the extent of damage to all the child care facilities affected.

Our thoughts of support go out to those who are already making repairs to the damage or making decisions about rebuilding.

Relief efforts are underway to provide food, shelter and childcare to families in need.

SCCR staff met with area agencies in Joplin during May to provide information on providers in surrounding areas who were in operation and able to provide childcare during the emergency in their licensed homes, group homes and centers.

Families and child care programs that need help finding child care or learning about resources, please contact Child Care Aware at 1-800-200-9017 or visit their website at: <http://mo.childcareaware.org/> Child Care programs that may be eligible for financial loans can contact the Small Business Administration Disaster Customer Service Center at 1-800-659-2955.

"Tornado drills...probably saved their lives"

"...After the tornado that whipped through Caruthersville in 2006, one of the providers with damage, shared how she and four day care children sat in her hallway while the tornado passed. When I looked at her house, all but flattened, I was amazed that they all made it out alive and with no injuries. I was further impressed when I realized that, in that area, the thinking is that when a tornado strikes, a person should run into the street and find a ditch or try to run or drive away from the tornado. This provider stayed put and that helped ensure the safety of all of them. She said that the tornado drills, required by licensing, probably saved their lives..."

Kathy Harris, Child Care Facility Specialist
Section for Child Care Regulation

Outdoor Play in the Summertime

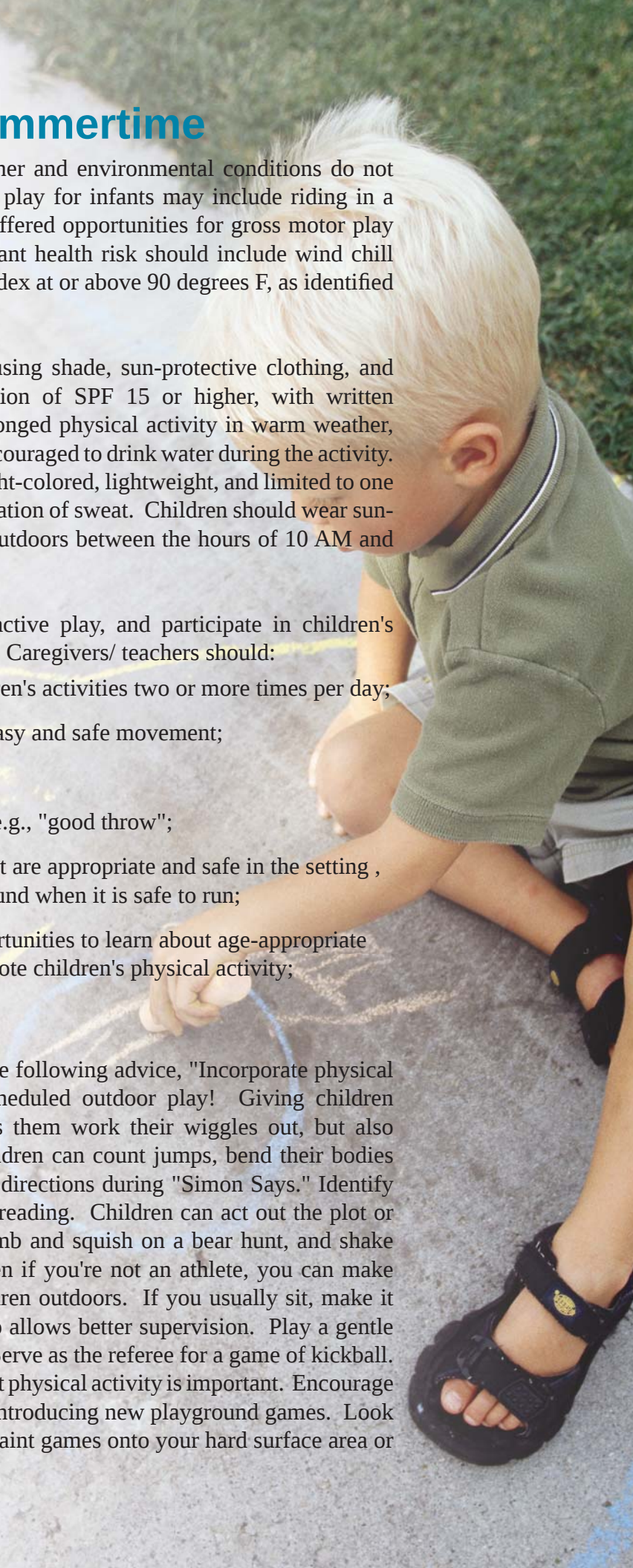
Children should play outdoors daily when weather and environmental conditions do not pose a significant health or safety risk. Outdoor play for infants may include riding in a carriage or stroller; however, infants should be offered opportunities for gross motor play outdoors, as well. Weather that poses a significant health risk should include wind chill factor at or below minus 15 degrees F and heat index at or above 90 degrees F, as identified by the National Weather Service.

Children should be protected from the sun by using shade, sun-protective clothing, and sunscreen with UVB-ray and UVA-ray protection of SPF 15 or higher, with written permission from parents/guardians. Before prolonged physical activity in warm weather, children should be well hydrated and should be encouraged to drink water during the activity. In warm weather, children's clothing should be light-colored, lightweight, and limited to one layer of absorbent material to facilitate the evaporation of sweat. Children should wear sun-protective clothing, such as hats, when playing outdoors between the hours of 10 AM and 2 PM.

Caregivers/teachers should promote children's active play, and participate in children's active games at times when they can safely do so. Caregivers/ teachers should:

- Lead structured activities to promote children's activities two or more times per day;
- Wear clothing and footwear that permits easy and safe movement;
- Not sit during active play;
- Provide prompts for children to be active, e.g., "good throw";
- Encourage children's physical activities that are appropriate and safe in the setting , e.g. do not prohibit running on the playground when it is safe to run;
- Have orientation and annual training opportunities to learn about age-appropriate gross motor activities and games that promote children's physical activity;
- Limit screen time (TV, DVD, computer)

One child care health consultant has suggested the following advice, "Incorporate physical activity throughout the day, not just during scheduled outdoor play! Giving children opportunities to use their bodies not only helps them work their wiggles out, but also promotes learning through another avenue. Children can count jumps, bend their bodies into the shapes of letters, and practice following directions during "Simon Says." Identify physical activities that are tied to books you are reading. Children can act out the plot or imitate characters. Stomp like "wild things," climb and squish on a bear hunt, and shake your fists like monkeys in "Caps for Sale." Even if you're not an athlete, you can make small changes in how you interact with the children outdoors. If you usually sit, make it a habit to walk around the playground. This also allows better supervision. Play a gentle game of catch or twirl one end of the jump rope. Serve as the referee for a game of kickball. Participating in even simple ways tells children that physical activity is important. Encourage children to try a variety of physical activities by introducing new playground games. Look for opportunities or grants to get free stencils to paint games onto your hard surface area or to purchase new outdoor equipment."



Planning Safe Field Trips

by Janet Robison, Early Childhood Specialist, Child Care Aware® of Central Missouri

If your child care program is open all summer, field trips are a great way to spice up the routine. Here are some tips to make sure your trips are safe and successful.

Be sure to review the licensing rules for Transportation and Field Trips with all staff members. Here are links to these specific rules.

For Group Homes and Centers: <http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-62.pdf>

For Family Child Care Homes: <http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-61.pdf>

For License Exempt: <http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-60.pdf>

Careful planning is always important for a fun and safe field trip. If at all possible, visit the location before planning to take the children there. Find out about costs and any special rules. Be sure the trip is appropriate for the age and interests of the children in your group. Then make sure the children and the parents are aware of what they can expect the day of the trip. Discuss expected behavior on the trip with the children for several days before the actual trip. A few days before the trip, call the site again to confirm the arrangements.

If you have regularly scheduled trips (like a weekly trip to the swimming pool) consider having field trip permission slips as part of the registration packet for your program. It might read in part, “My child _____ has permission to participate in trips to _____ as a part of _____ program June 1 through August 25, 2011.”

For any other trips, it is best to send home a permission slip and information regarding each individual trip, including where and when the trip will be and things the child should bring. Make sure permission slips include any special rules or circumstances that are critical for your program. I worked with a program that included a clause about what would happen if a child was detained for shoplifting while on a trip, because that had happened to them once!



Summer Field Trip

Also, make sure you have emergency contact information for each child, and take those forms on each trip. If you are taking more than one vehicle, a staff member in each vehicle should have a list of children riding in that vehicle, as well as emergency contact information for those children. Be sure someone in each vehicle has a cell phone. An accurate list of who is going on the trip, which vehicle they will be in, and emergency contact information for each child should also be kept at the child care program.

Take along a first aid kit, and be sure at least one staff member on the trip is trained in CPR and First Aid. Be sure you have any medication that children will need to

take during the trip. Include emergency items for any special needs the children have, such as allergies or asthma. Plan ahead for how and when children will be able to use restrooms and wash their hands, especially before any meals or snacks. It's also a good idea to take along a large jug of ice water and cups.

Supervision is a key concern when taking children on trips. Staff/child ratios must be maintained at all times, but most programs take even more adults on field trips. Ask for parents and guardians who would like to go along. They can assist staff with the children. If parent/guardian volunteers are to be left alone with children, or count in ratio, they must have Family Care Safety Registry screenings, medical examination reports and TB testing on file. Be sure that any chaperones are fully informed of the rules and expectations for the trip. Giving each adult a group of children to be responsible for can help make sure everyone is well supervised. Even very young children are capable of keeping track of a "buddy" on a field trip. Assign partners, and ask children to make sure their buddy is safe at multiple times throughout the trip.

Another idea is to provide special t-shirts for field trip days. This will make it easy to identify children from your program while on the trip. Name tags are not advised, as this would allow strangers to call the child by name. You might consider using tags which simply have the center name and phone number. Count heads frequently throughout the day, and use a roll call when you reach each new destination and before you leave each place. Even with the best supervision plan, someone may get lost. Be sure each child knows a meeting place on site to go to if they get lost, and can tell someone the name of your facility.

Behavior challenges can happen when young children have to sit and wait, and this happens often on field trips. Plan ahead for activities to do while children are waiting. Have some index cards in your bag with ideas for songs, finger plays, word games, or other transition activities you can do anywhere.

Field trips are a wonderful learning experience for the children, and a great way to keep them engaged during the long, hot summer months. Just make sure to follow safety precautions while you're out exploring!

Sources:

Missouri Department of Health and Senior Services, Bureau of Child Care. (2005). *Child Care Orientation Training Participant Manual*.

Smith, C J. (2011). *Safety First*. In *Healthy Child Care*. Retrieved April, 25, 2011, from www.healthychild.net/SafetyFirst.php?article_id=530.

Field Trip Reminders

~~schedule and visit site -- ask if site has special rules~~

~~get permission slips~~

~~get emergency contact forms from parents~~

bring first aid kit - get medication for those children who have special needs

plan for meals, snacks and beverages

~~get Family Care Safety Registry screenings, medical examination reports and TB testing of parents/guardians attending trip~~

discuss behavior, rules, and buddy system with children

discuss behavior, rules requirements, medical information, and supervision with parents/guardians

get sizes for t-shirts

order t-shirts

Prevent Whooping Cough from Spreading Through Your Facility

Educate Families on the Importance of Vaccination

Whooping cough (pertussis) is a highly contagious, vaccine-preventable respiratory disease that can be passed easily from person-to-person. Pertussis is caused by a bacteria found in the mouth, nose and throat of an infected person and is spread when that person coughs, sneezes or talks. Pertussis is a year-round disease that peaks in fall and winter during cold and flu season. The best way to protect against pertussis is vaccination.

Babies are most vulnerable before they can receive their first pertussis vaccine at two months of age. Babies under 12 months are still very much at risk, and children are not fully protected until they complete the DTaP vaccination series by six years of age. The Centers for Disease Control and Prevention recommends a one-time pertussis booster, Tdap, for 11 to 64 year olds; especially for those who are in close contact with a baby, including parents, siblings, grandparents and caregivers.

Pertussis most commonly affects infants and young children and can be fatal, especially in babies under one year of age. Unvaccinated children are more likely to get pertussis than fully immunized children. Adults are responsible for transmitting more than half of whooping cough cases diagnosed in infants and young children. In 2009, 798 children under 14 years of age were diagnosed with pertussis and 59 were hospitalized in Missouri. Many more cases are undiagnosed and therefore not reported.

Be sure that your staff get a booster to protect young children.

Pertussis usually starts with cold and flu-like symptoms and after about two weeks, the coughing becomes more severe.

Pertussis is known for uncontrollable coughing which can make it hard to breathe. After a coughing episode, someone with pertussis needs to take deep breaths which often times can result in a "whooping" sound. After an episode, the patient commonly vomits and feels very tired. Between episodes, there may be no signs of illness. Pertussis can last for weeks and even months and is nicknamed the 100-day cough.

Talk to your staff and the families enrolled at your facility about getting vaccinated against pertussis today!

For more information about pertussis, visit the Missouri Department of Health and Senior Services' web site at www.health.mo.gov/living/healthcondiseases/communicable/pertussis.

Funding Opportunity from the Department of Elementary and Secondary Education

The School Age Community (SAC) Grant for before and/or after school programs is now available for the 2011-2012 year! The purpose of the SAC grant is to increase school age program's availability and quality in order to provide a safe environment that meets the needs of the parents and youth in your community. These funds may be used to start up or expand/enhance current before/after school programs for youth ages 5 up to 13 years old. Go to www.dese.mo.gov/divcareered/afterschool_grants.htm for the guidance and application. Applications must be received by 3:00 p.m.. Tuesday, June 28, 2011. If you have any questions, please contact Kim Wolf at DESE at 573-522-2627.

The U.S. Consumer Product Safety Commission

How to obtain recall information

The U.S. Consumer Product Safety Commission is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products. The commission, known as the CPSC, issues approximately 300 product recalls each year, including many products found in child care settings. Many consumers do not know about the recalls and continue to use potentially unsafe products. Please make time to review the CPSC list of recalled products, and remove any that may be in your child care setting. Go to their website at www.cpsc.gov/ or call their toll-free hotline at 800-638-2772. People with a hearing impairment can call 800-638-8270.

In most editions of this publication we highlight a specific product recall from the CPSC website. In this edition we are featuring a handout that the CPSC has prepared about their new crib standards. For more information about crib safety, and safe sleep for infants, go to their Crib Information Center at: www.cpsc.gov/info/cribs/index.html.

FDA Issues Warning about Teething Gels

The Food and Drug Administration is warning the public that benzocaine, which is found in Baby Orajel, Orajel, Anbesol and other over the counter gels and liquids used to soothe and reduce mouth and gum pain, is associated with a rare, but possibly fatal condition called methemoglobinemia. Methemoglobinemia causes the amount of oxygen carried through the blood stream to be greatly reduced and can even result in death.



The FDA is advising:

- Benzocaine products should not be used on children under 2 unless under the advice and supervision of a health care professional.
- Patients and caregivers should use the smallest amount possible to relieve pain and the product should not be applied more than 4 times per day.

Signs of methemoglobinemia include pale, gray or blue colored skin, lips and nail beds; shortness of breath; fatigue; confusion; headache; light-headedness; and rapid heart rate. The FDA states that signs of methemoglobinemia may appear within minutes or even 1-2 hours after using benzocaine. Symptoms can occur after using the product for the first time or after several uses.

For more information regarding methemoglobinemia and the FDA's recommendations, see the safety announcement at www.fda.gov/Drugs/DrugSafety/ucm250024.htm.

Let's Move!

Everyone has a role to play in ending childhood obesity, and child and day care centers are certainly no exception. On June 8th, the First Lady, Michelle Obama, announced Let's Move! Child Care, a new initiative that will support child care providers in their efforts to help children develop healthy habits early in life.

Through the new Let's Move! Child Care website, www.healthykidshealthyfuture.org (hosted by Nemours), child care providers can access free online tools and resources pertaining to nutrition, physical activity and screen time. Let's Move! Child Care also includes a voluntary set of standards to engage child care providers in creating healthier environments for children.



www.cpsc.gov

Child Care Providers

Your Guide to New Crib Standards

Beginning **December 28, 2012**, any crib provided by child care facilities and family child care homes must meet new and improved federal safety standards. The new standards take effect for manufacturers, retailers, importers and distributors on **June 28, 2011**, addressing deadly hazards previously seen with traditional drop-side rails, requiring more durable hardware and parts and mandating more rigorous testing.

What you should know...

- **This is more than a drop side issue. Immobilizing your current crib will not make it compliant.**
- **You cannot determine compliance by looking at the product.**
- **The new standards apply to all full-size and non full-size cribs including wood, metal and stackable cribs.**
- **If you purchase a crib prior to the June 28, 2011 effective date and you are unsure it meets the new federal standard, CPSC recommends that you verify the crib meets the standard by asking for proof.**
 - o Ask the manufacturer, retailer, importer or distributor to show a Certificate of Compliance. The document must:
 - Describe the product
 - Give name, full mailing address and telephone number for importer or domestic manufacturer
 - Identify the rule for which it complies (16 CFR 1219 or 1220)
 - Give name, full mailing address, email address and telephone number for the records keeper and location of testing lab
 - Give date and location of manufacture and testing
 - o The crib must also have a label attached with the date of manufacture

What you should do...

- **All child care facilities, family child care homes, and places of public accommodation:**
 - o Must prepare to replace their current cribs with new, compliant cribs before December 28, 2012.
 - o Should not resell, donate or give away a crib that does not meet the new crib standards.
- **Dispose of older, noncompliant cribs in a manner that the cribs cannot be reassembled and used.**
- **Noncompliant cribs should not be resold through online auction sites or donated to local thrift stores. CPSC recommends disassembling the crib before discarding it.**



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DHSS Completes Missouri's Lead Testing Areas

The Missouri Department of Health and Senior Services (DHSS) completed its annual re-evaluation of mandated lead testing areas of Missouri and is posted at health.mo.gov/living/environment/lead/maps.php. Sullivan County and St. Louis County zip code 65074 transitioned from High Risk to Non High Risk this year, meaning child care facilities in these areas no longer have to document annual blood lead testing.

Child Care facilities located in High Risk areas are required to document annual blood lead testing for children enrolled. A child's primary care physician can assist the family with testing.

For more information on lead poisoning prevention contact the DHSS Bureau of Environmental Epidemiology at 573-751-6102 or toll free 866-628-9891 or visit the website at health.mo.gov/living/environment/lead/index.php.



Click on the map for larger viewing.

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